



State of New Jersey

Send to: **Division of Revenue**
PO Box 252
Trenton, NJ 08646-0252

1-2011

ENCLOSE FEE WITH APPLICATION

Form CM-100

Combined Cigarette License Application

Retail Over-the-Counter
Vending Machine
Manufacturer Representative

Check One Box for the License Desired		Enclose Fee
<input type="checkbox"/>	Cigarette Retail Dealer's Over-the-Counter License — 1 year license <i>Complete Sections A & B below</i>	\$ 5000
<input type="checkbox"/>	Cigarette Vending Machine License — 1 year license each machine <i>Complete Sections A & C below</i>	\$ 5000 each
<input type="checkbox"/>	Cigarette Manufacturer Representative License — 1 year license <i>Complete Sections A & D below</i>	\$ 500

Section A — Licensee Information		Check one: <input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application	
Taxpayer Name		Start Date for Business in New Jersey	
Trade Name		FEIN (for businesses)	Social Security No (for individuals)
Business Address		Mailing Address	
Check Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Proprietorship <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify)		For all corporations, give State of Incorporation:	
Point of Contact:	Phone No	Email	
OWNERS' INFORMATION (attach list if needed)			
Name	Title	Social Security No	Home Address

Section B — Retail Over-the-Counter License		Provide information about those from whom you purchase cigarettes — attach list if needed	
\$ 5000	Supplier	Supplier's FEIN	Supplier's Address
	City	State	Phone No

Section C — Vending Machine License		Provide information about the machines you will operate — attach list if needed	
\$ 5000 each	Supplier	Supplier FEIN	Phone No
	Address where machine is located	City	State

Section D — Manufacturer Representative License		Provide information on the company you represent	
\$ 500	Company	FEIN	Address
	City	State	Phone No

By signing, signatory affirms that all information is complete and accurate. Should any information be incomplete or inaccurate, the application will not be processed.		Authorized Signature	
The Application Fee must be enclosed to process the application			
Total Fee Enclosed: \$		Printed Name	Title
			Date